

Commonwealth of Kentucky
Cabinet for Health and Family Services
Office of Health Policy (OHP)



State Innovation Model (SIM) Model Design
May Workgroup(s) Output

May 2015

Suggestions for kyhealthnow Strategies

May workgroup suggestions for kyhealthnow strategies

Payment Reform Workgroup

- kyhealthnow Goal: Reduce Kentucky's smoking rate by 10%
 - **Strategy #6**: Increase use of smoking cessation therapy by 50%
 - Implement a consistent payer formulary/encourage benefit design harmonization
 - Include in smoking cessation rates in reporting requirements for Patient Centered Medical Homes (PCMH)
 - Remove disincentives to provide smoking cessation (e.g., same day payment policies)
 - Develop payment reforms linked to smoking cessation for those with chronic conditions
 - In Health Homes, address Serious and Persistent Mental Illness (SPMI) population and high smoking rate using metrics and incentives
- kyhealthnow Goal: Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%
 - **Strategy #2**: Partner with Managed Care Organizations (MCOs) to encourage increased utilization of dental services
 - Set goals for MCOs that are tied to payment
 - Recognize payment differential vs. commercial insurance
 - Encourage care delivery models that lower cost for providers (e.g., collocation of dental services)
 - Develop defined community oral health programs/outreach with quality and incentive components
 - Improve data collection, quality and measurement

Suggestions for kyhealthnow Strategies

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- kyhealthnow Goal: Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians
 - **Strategy #7**: Create a more comprehensive and open access behavioral health network and increase by 25% the number of behavioral health providers eligible to seek reimbursement from Medicaid by the end of 2015
 - Create payment incentives for collocation
 - Create a payment differential based on individual needs
 - Encourage an acuity-based model for behavioral health
 - Use education combined with incentives for joining a network
 - Streamline credentialing
 - **Strategy #9**: Increase the proportion of adults and adolescents who are screened for depression during primary care office visits by 10%
 - Link screening rates to incentives within PCMHs
 - Incentivize increase in adolescent population in Primary Care Physician (PCP) practices
 - Use screening information to enhance referrals and care coordination

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Integrated and Coordinated Care Workgroup

- kyhealthnow Goal: Reduce Kentucky's smoking rate by 10%
 - **Strategy #6**: Increase use of smoking cessation therapy by 50%
 - Increase the number of adequate health coaches that have knowledge of cessation services and related drugs
 - Include specialists beyond PCPs in the care team to increase opportunities for prevention
 - Use telemedicine/Screening Brief Intervention and Referral Treatment (SBIRT) to intervene with those at increased risk
 - Determine most appropriate technique and most impactful intervention
- kyhealthnow Goal: Reduce the obesity rate among Kentuckians by 10%
 - **Strategy #1**: Double the number of enrollees in the Diabetes Prevention Program through those enrolling through kynect
 - Train providers across the continuum on motivational interviewing/stages of change
 - Increase physical and behavioral health coordination
 - Use effective techniques to engage patients as requirements of the model
 - Implement changes to and leverage university programs

Suggestions for kyhealthnow Strategies

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Integrated and Coordinated Care Workgroup

- kyhealthnow Goal: Reduce the obesity rate among Kentuckians by 10%
 - **Strategy #12**: Work with early child care providers to increase opportunities to prevent obesity among our youngest children
 - Issue: Lack of a proven evidence base
 - Implement programs to identify obesity at the source
 - Take a family based approach to care (whole family education as a covered service, collocation and social services)
 - Implement connections between education and the health care delivery system (e.g., Supports for Community Living (SCL) waiver case management)
 - Increase school-based systems
 - Increase access to dietician services through the implementation of new reimbursement policies
 - Employ dieticians and CHWs as part of the care team

Suggestions for kyhealthnow Strategies

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Integrated and Coordinated Care Workgroup

- kyhealthnow Goal: Reduce Kentucky's cancer deaths by 10%
 - **Strategy #1**: Increase screening rates for colon, lung and breast cancer by 25% in accordance with evidence-based guidelines
 - **Strategy #4**: Increase rates of HPV vaccination by 25% in order to reduce incidence of cervical, oral, and related cancers among men and women, through the support for legislation requiring HPV vaccination among boys and girls as a condition of school attendance, along with partnering with stakeholders to implement a comprehensive educational campaign regarding safety, effectiveness and importance of the HPV vaccination for both girls and boys
 - Institute proactive appointment scheduling
 - Improve documentation for timely referrals
 - Encourage coaching and collocation through the use of specialty clinics and Health Information Technology

Suggestions for kyhealthnow Strategies

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Integrated and Coordinated Care Workgroup

- kyhealthnow Goal: Reduce cardiovascular deaths by 10%
 - **Strategies: All**
 - Encourage HIT improvements across payers (e.g., All Payer Claims Database (APCD) should include gaps in care and overall patient history)
 - Develop a longitudinal approach tied to incentives for payers and providers
 - Allow patient access to longitudinal data (prevention areas)
- kyhealthnow Goal: Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%
 - **Strategy #1**: Reduce pediatric dental visits by 25% by the end of 2015
 - **Strategy #3**: Create public-private partnerships to increase to 75% the proportion of students in grades 1-5 receiving twice yearly dental fluoride varnish application
 - Resolve access/reimbursement issues for dental care before addressing coordination/integration

Suggestions for kyhealthnow Strategies

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- kyhealthnow Goal: Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians
 - **Strategy #1**: Double the number of individuals receiving substance abuse treatment by the end of 2015
 - **Strategy #8**: Increase by 25% the percentage of adults and children receiving medically indicated behavioral health services by the end of 2015
 - Gather data regarding the effectiveness of abstinence
 - Encourage consistency among payers on coverage based on clinical guidelines
 - Resolve the issue of lack of resources, which prevents access

Suggestions for kyhealthnow Strategies

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Increased Access Workgroup

- Implement an evidence-based school curriculum focused on smoking
- Develop strategies that recognize the factors that contribute to obesity, such as mental health issues
- Deploy nutritionists in schools and allow them to be reimbursed through Medicaid
- Develop an education strategy to support prevention and explain the benefits of it
- Develop a prevention strategy for children focused on the time between childhood and adolescence
- Design mechanisms for measures progress of each strategy

Quality Workgroup

- Consider underlying interventions in achieving each of the strategies
- Consider collecting real data values rather than using a statistical approach to calculating metrics
- Look beyond schools in collecting BMI data
- Consider dedeveloping a strategy around blood pressure rather than hypertension
- Look at measuring prescription refills as a way of monitoring compliance

Health Information Technology (HIT) Infrastructure Workgroup

- N/A

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General Workgroup Comments

- Encourage evidence-based interventions
- Increase administrative simplicity
- Implement process/level of care based payments to providers rather than outcome based payments
- Recognize the role of the Walmart model in delivery system transformation
- Recognize differences in the Medicaid expansion population
- Increase referrals to counseling for those with chronic conditions
- Include all populations, especially SPMI and physical impairment, in reform efforts

Activity: Strengths and Challenges of the Current System

In the following activity, workgroup participants will assess the current state of Kentucky's rural delivery system using a SWOT analysis.



S What are the advantages and **strengths** of the rural delivery system?

- Training programs for mid-level practitioners
- Strong sense of community ownership
- Small hospital partnerships
- Providers central to economy and connected to community needs
- Area Health Education Centers (AHEC) system
- Behavioral health career advancement
- Human resource centers in schools
- FQHCs (mostly in Eastern Kentucky)
- Collaboration and sharing of resources
- Centers of excellence in rural health

W What do you believe are the current **weaknesses**?

- Access to specialists
- Recruitment and retention across provider types
- Lack of immediate care opportunities outside ER
- Transportation
- Lack of education resources and community health events
- High share of Medicaid and Medicare patients
- Limited access to healthy food and exercise
- Sensitivity to cultural differences
- Destabilization of economy with system changes
- Limited services at health departments
- Lack of dental services because of distorted payer mix
- Support programs are underfunded

O Are there **opportunities** that could benefit the existing system?

- Increased access to physical education and better food (statewide)
- Better prevention efforts
- More engagement of faith-based groups
- Improved telehealth infrastructure and payment
- Better identify workforce/education needs through statewide collaboration
- Better identify appropriate community leaders
- More PCP involvement in other care
- Develop a hub and spoke strategy
- Broader collaboration across rural areas
- Better networks for ongoing education and collaboration
- Better technology infrastructure to enable collaboration
- Better utilization of UK extension offices
- Engage providers to work with incoming students

T Are there **threats** to the current rural delivery system – financial and/ or competitive?

- Lack of access to behavioral health
- Shortage of critical care nurses
- Federal policy changes
- Duplication of efforts statewide
- Difficult to communicate effectively in remote areas
- Transportation
- Access to food
- Economic declines
- Low health plan literacy
- Stigma around receiving behavioral health services
- Administrative burdens

May Integrated and Coordinated Care Workgroup

What are some of the positive attributes of the approaches taken by surrounding SIM states?

Tennessee

- Joint statement of intent upfront
- More significant behavioral health integration than PCMH
- Convenient care clinics vs. PCMH sites
- Uniformity amongst providers (standards)
- Inclusion of pharmacies for medication tracking within medical homes
- Attribution model to person-centered model
 - Positive selection
 - “Welcome” visits being reimbursed to practices reduces the administrative burden on providers

Ohio

- Information Technology (IT) demands within Comprehensive Primary Care Initiative (CPCI) and impact on individual practices

Arkansas

- Compelling in Kentucky; strong impact on providers

May Integrated and Coordinated Care Workgroup

What are some of the advantages and disadvantages of surrounding SIM state policies?

Advantages

- Recognizes providers with service areas across state lines
- In Arkansas, I/DD/SMI populations were included from beginning of design
- Reprogramming/customizing payer systems across states
- Medicare support regionally
- Leverages policies already developed

Disadvantages

- Different infrastructure/maturity levels exist
- Presence of existing/successful programs

May Payment Reform Workgroup

What are some of the positive attributes of the approaches taken by surrounding SIM states?

Tennessee

- Same episodes across TN, OH, AR, but we need to consider what is most appropriate for Kentucky
- Need to consider how behavioral health episodes remain in focus in discussing outpatient vs. inpatient
- Need to consider how episodes selected would impact critical access hospitals/rural hospitals
- Leverage technical advisory committees/clinicians
- Reconsider the amount of funds devoted to institutions for LTSS rather than community settings
- Look at assessment tools for acuity
- Consider how to reward/incentives all improvements as opposed to top performers; there should be a sliding approach that rewards positive movement

Ohio

- Standardization across payers/MCOs
- Ability to audit payer methodologies/appeals process
- Episodes are achievable within the current system
- How do we incorporate end of life care?

Arkansas

- N/A

May Payment Reform Workgroup

What are some of the advantages and disadvantages of surrounding SIM state policies?

Advantages

- Surrounding states serve as a starting point, but we need to explore key differences by looking at Kentucky data
- Given the longevity of bundles, a roadmap should be developed

Disadvantages

- Kentucky has a less-developed infrastructure for managed care and PCMH
- Need to be cautious of redistribution based upon value/quality
- Need to recognize disruption (e.g., managed care payments in Kentucky vs. Ohio), Certificate of Need (CON)
- Need to recognize current payer and provider infrastructure